

Advicor, Altoprev, Caduet, Lescol, Lescol XL, Livalo, Simcor
Antilipidemic Drugs I - Prior Authorization Request Form



5626

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Mail Order Pharmacy (TMOP) OR the TRICARE Retail Pharmacy Program (TRRx). Express Scripts is the TMOP and TRRx contractor for DoD.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477
	<ul style="list-style-type: none">The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com

Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php. This prior authorization has no expiration date.

Step 1 Please complete patient and physician information (please print):

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth:	_____	Secure Fax #:	_____

Circle medication requested: Advicor Altoprev Caduet Lescol Lescol XL Livalo Simcor

Step 2 Please complete the clinical assessment:

1. Has the patient had a trial of lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), or Lipitor (atorvastatin)?	<input type="checkbox"/> Yes Please sign and date below	<input type="checkbox"/> No Proceed to Question 2
2. Is the request for Lescol, Lescol XL, or Livalo?	<input type="checkbox"/> Yes Proceed to Question 3	<input type="checkbox"/> No Proceed to Question 4
3. Is the patient taking a concurrent drug that is metabolized by the CYP3A4 system?	<input type="checkbox"/> Yes Please sign and date below	<input type="checkbox"/> No Proceed to Question 4
4. Is the request for Advicor or Simcor?	<input type="checkbox"/> Yes Proceed to Question 5	<input type="checkbox"/> No Coverage not approved
5. Does the patient require a drug that decreases LDL and increases HDL?	<input type="checkbox"/> Yes Proceed to Question 6	<input type="checkbox"/> No Coverage not approved
6. Is the patient able to take niacin and a statin as two separate tablets?	<input type="checkbox"/> Yes Coverage not approved	<input type="checkbox"/> No Please sign and date below

Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

_____	_____
Prescriber Signature	Date

Implementation: 6 October 2010